

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/589912

FILING DATE

08/18/2007.

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5	1		1			
6	1		1			
7		1		1		
8	1		1			
9		1		1		
10		1		1		
11		1		1		
12		0		1		
13		0		1		
14		0		1		
15	1		1			
16	1		1			
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TOTAL IND.			9			
TOTAL DEP.			9			
TOTAL CLAIMS			18			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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